1		Eff	ective De	ecember 8, 2	71NA 2004	HON RE	COF	RD.	10	17	88	7 0	1.12
l		CLAIMS	S AS FIL	ED - PART	1				170/		00	04	22
	TOTAL CLAİ	MS	(C	olumn 1)	(C	olumn 2)		TYPE	L ENTI	ΓΥ	OR		IER THA LL ENTIT
	FOR			MBER FILED	A 11 11	MDED CV	-	RAT		EE		RAT	E FE
	TOTAL CHARGEABLE CLAIMS					NUMBER EXTRA		BASIC	FEE 15	150.00		BASIC	EE 300.
П	INDEPENDENT CLAIMS			minus 20=			-	X\$ 25	5=		OR	X\$50	=
-	MULTIPLE DEPENDENT CLAIM PF			minus 3 = ** RESENT ·				X100	=		OR.	X200	=
_	* If the difference in column 1 is I				"O" io	Column 0		+180	=		OR	+360=	
				MENDED - PART II				TOTAL	- 1		OR	TOTAL	_
Г	1	(Column 1	)	(Colum	n 2)	_(Column 3	3)	: SMAL	L ENTI	TY /	OR		R THAN
AMENDMENT A	18/10/0	REMAINING AFTER AMENDMEN	1	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADI TION FE	OI- VAL		RATE	ADD:
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۷ —	FIRST PRES	SENTATION OF		DEPENDENT C	LAIM	1-/	-	X100=			OR	X200=	
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	T	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	AL		RATE	ADDI- TIONAL
ב ב	Total Independent	*	Minus	**		=		X\$ 25=	1.55		_   _	/¢=0	FEE_
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		CLAIMS REMAINING		(Column 2 HIGHEST	2) (	Column 3)	_			_			
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J.,		* NTATION OF MI	Minus	***	=		-	100=	<del></del>	OR	<u> </u>		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	200=	
							L+	180=		OR	+3	60=	
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